

# **EXHIBIT 1**

# **W.R. GRACE & CO. ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM**

*The United States Bankruptcy Court for the District of Delaware  
In re: W.R. Grace & Co., et al., Debtors, Case No. 01-01139 (JKF)  
(Jointly Administered)*

## **SUBMIT COMPLETED CLAIMS TO:**

**Claims Processing Agent  
Re: W.R. Grace & Co. Bankruptcy  
PO Box 1620  
Faribault, MN 55021-1620**

For a complete list of the Debtors in this case, please see "The Debtors" section of the *General Instructions for Completing Proof of Claim Forms*. The Debtors in this case are collectively referred to in this document as "Grace".

If you have a current claim against Grace for medical monitoring, but not personal injury, due to alleged significant exposure to hazardous asbestos fibers as a result of the acts or omissions of Grace, **THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE 4:00 P.M. EASTERN TIME ON MARCH 31, 2003, or you will be forever barred from asserting or receiving payment for your claim.**

**INSTRUCTIONS FOR FILING THE W. R. GRACE & CO.****ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM****WHO SHOULD USE THIS ASBESTOS MEDICAL MONITORING PROOF OF CLAIM FORM**

This Asbestos Medical Monitoring Proof of Claim Form (referred to in this document as the "Form") applies only to claims being made against Grace by or on behalf of those who have not as of the Claim Bar Date suffered any personal injury but who are alleging that Grace wrongfully caused them to be significantly exposed to hazardous asbestos fibers, that this exposure significantly increased the claimant's risk of contracting a serious latent disease, that medical monitoring could reasonably be expected to result in early detection of the onset and mitigation of the severity of such disease, and that because of this exposure it is necessary for the claimant to be examined by a physician or receive medical testing more often than he or she otherwise would.

The Bar Date does not apply to Asbestos Personal Injury Claims, Settled Asbestos Claims or Zonolite Attic Insulation Claims. Those claims will be subject to a separate claim submission process and should not be filed at this time.

This form should not be used for claims for an Asbestos Property Damage Claim or a Non-Asbestos Claim. Instead, separate specialized proof of claim forms for these claims should be completed.

Please do not distribute this form to others. Please call the Claims Processing Agent at 1-800-432-1909 to request additional forms if they are needed.

**GENERAL INSTRUCTIONS**

This form must be signed by the claimant or authorized agent of the claimant. THIS FORM MUST BE RECEIVED ON OR BEFORE 4:00 PM EASTERN TIME ON MARCH 31, 2003, or you forever will be precluded from asserting your claim(s) against or receiving payment from Grace. Return your completed form to the Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy, P.O. Box 1620, Faribault MN 55021-1620. If you are returning this form by mail, allow sufficient time so that this form is received on or before March 31, 2003. Forms that are postmarked before March 31, 2003 but received after March 31, 2003 will not be accepted. Only original forms will be accepted for filing. Forms transmitted by facsimile will not be accepted for filing.

2. If you cannot fit all information in any particular section or page, please make a copy of that page before filling it out and attach as many additional pages as needed.
3. This form must be filled out completely using BLACK or BLUE ink or may be typewritten.
  - Please print clearly using capital letters only.
  - Do not use a felt tip pen.
  - Skip a box between words.
  - Do not bend or fold the pages of the form.
  - Do not write outside of the boxes or blocks.
4. Because this form will be read by a machine, please print characters using the examples below. For optimum accuracy, please print in capital letters and avoid contact with the edge of the character boxes.
5. Mark check boxes with an "X" (example at right). ☒

N	A	M	E	
H	E	R	E	
6. Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
7. Make a copy of your completed Form to keep for your records. Send only original Forms to the Claims Agent at the following address: Claims Processing Agent, Re: W.R. Grace & Co. Bankruptcy  
P.O. Box 1620  
Faribault MN 55021-1620.
8. You will receive written notification of the proof of claim number assigned to this claim once it has been processed.

**PART 1: CLAIMANT IDENTIFICATION**

Ir/Sr/III

Month Day Year

/Postal Code

*Area Code*

## PART II: ATTORNEY INFORMATION

*Last*

/Province

**Area Code**

Area Code

[illegible]

**Were you ever a resident of Lincoln County, Montana?**

**During what period of time? What was/were your residential address(es) during each such period of time?**

**End Date**

		-							
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Month Year

Month Year

**Residential Address:**[illegible]

**Street Address**

[illegible]

City

--	--	--	--

Zip Code  
/Postal Code

**Start Date****End Date**

--	--	--	--	--	--

Month Year

Month Year

**Residential Address:**[illegible]

### Street Address

[illegible]

City

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Zip Code  
/Postal Code

**Start Date****End Date**

A visual representation of the subtraction problem  $12 - 4$ . It shows a large rectangle divided into 12 equal squares, with 4 squares shaded gray to represent the subtraction.

		-					
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Month Year

Month Year

**Residential Address:**[illegible]

### Street Address

[illegible]

City

--	--	--	--	--

Zip Code  
/Postal Code



2. List your jobs, employers and employment locations during each period of time in which you lived in Lincoln County.

1. Employment Dates:

From To  
 [ ][ ] - [ ][ ][ ][ ] [ ][ ] - [ ][ ][ ][ ]  
 Month Year Month Year

2. Occupation:

description

3. Claimant's Employer

4. Employment Location:

Street Address

City

Zip Code  
/Postal Code

1. Employment Dates:

From To  
 [ ][ ] - [ ][ ][ ][ ] [ ][ ] - [ ][ ][ ][ ]  
 Month Year Month Year

2. Occupation:

description

3. Claimant's Employer

4. Employment Location:

Street Address

City

Zip Code  
/Postal Code

Continue on next page > > >

continued...

**Employment Dates:**

From

--	--	--	--	--	--

Month Year

To

--	--	--	--	--	--

Month Year

**Occupation:**

description

**Claimant's Employer****Employment Location:**

Street Address

City

Zip Code  
/Postal Code

Were you or any member(s) of your household an employee of W.R. Grace while you lived in Lincoln County?

☐ Yes☐ No

If you were an employee of W.R. Grace, did you work:

a. In the mining of vermiculite ore?

☐ Yes☐ No

If yes, during what time period? What jobs did you perform?

**Start Date**

--	--	--	--	--	--

Month Year

**End Date**

--	--	--	--	--	--

Month Year

**Occupation:**

description

Continue on next page &gt;&gt;&gt;

☐ Yes      ☐ No

**Start Date****End Date**

Month Year

Month Year

**Occupation:**

[illegible]

*description*

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☐ Yes      ☐ No

**Start Date****End Date**

The diagram illustrates the relationship between halves and quarters. On the left, a square is divided into two equal vertical rectangles, each representing one-half. This is followed by an equals sign. On the right, a rectangle is divided into four equal vertical strips, each representing one-quarter. This visualizes that two halves are equivalent to four quarters.

Month Year

Month Year

**Occupation:**

[illegible]

*description*

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**Site Name:**

[illegible]

**Site Owner:**

[illegible]

**Site Address:**

[illegible]

**Street Address**

[illegible]

City

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Zip Code  
/Postal Code

**Occupation:**

[illegible]

*description*

\_\_\_\_\_



**B. OTHER CLAIMS OR LITIGATION**

Have you ever brought or filed any worker's compensation claims against Grace?

☐ Yes ☐ No

If yes, answer this section.

1. Describe the injury for which you sought compensation.

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2. When was the claim filed? Date

Month	Year

Year	Year	Year	Year	Year

3. What was the result of the claim?

- ☐ Claim Paid
 ☐ Pending
- ☐ Claim Denied
 ☐ Other (please describe)

--

Have you ever filed any other claims or lawsuits against Grace?

☐ Yes ☐ No

If yes, answer this section.

1. Please describe the claim or lawsuit.

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2. When was the claim or lawsuit filed? Date

Month	Year

Year	Year	Year	Year	Year

3. Where was the claim or lawsuit filed (court or other claims authority)?

Court or Claims Authority:

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Name

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City

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State /Province

4. What was the result of the lawsuit or claim?

- ☐ Judgement or Verdict Entered
 ☐ Settled Not Paid
 ☐ Other (please describe)
- ☐ Settled and Paid
 ☐ Pending

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**Grace Employee Name:**

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

From

Month      Year

To

Month      Year

*description*

[illegible]

\_\_\_\_\_

[illegible]

**Grace Employee Name:**

[illegible]

From

Month      Year

To




*description*

[illegible]

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[illegible]

**ZONOLITE ATTIC INSULATION EXPOSURE (LINCOLN COUNTY, MT)**

Do you or did you have Zonolite Attic Insulation in your home during any period of time in which you lived in Lincoln County?

☐ Yes ☐ No

Where was/is it located in your home? ☐ Attic ☐ Other (specify)

Did you personally install that insulation? ☐ Yes ☐ No

Has the Zonolite Attic Insulation ever been moved and/or disturbed by you?

☐ Yes ☐ No

If yes, specify when and in what manner the Zonolite Attic Insulation was moved and/or disturbed.

Date

-   
Month Year

Description

For incidents in which the Zonolite Attic Insulation was moved and/or disturbed, how long did you stay in close proximity to the insulation after you disturbed it?

☐ Less than 1 hour ☐ 5-8 hours  
☐ 1-4 hours ☐ Other (please specify)

**E. ASBESTOS TESTING**

Has there ever been any testing or sampling for the presence of asbestos on the property at which you reside or resided in Lincoln County?

☐ Yes ☐ No

If yes, provide when, by whom, the type of testing or sampling, and the results (e.g. air, bulk and dust sampling).

If Yes, when?

Date:

-  -   
Month Day Year

Sample Location:

Who took the sample:

Sample results:

Continue on next page >>>

**If Yes, Attach To This Form All Documents Related To Any Testing Of The Property.**

**Have you ever worked at a W.R. Grace vermiculite expansion plant other than in Libby, Montana?  
If yes, answer the questions in this Part.**

Continue on next page >>>



## IV. continued...

**Name of Plant:**

**Plant Address:**

**Street Address**

**City**

**State /Province**

**Zip Code /Postal Code**

**Employment Dates at this Plant:**

From  -  To  -

Month Year Month Year

**Occupation at this Plant:**

Have you ever brought or filed any worker's compensation claims against Grace?

☐ Yes ☐ No

If yes, answer this section.

1. Describe the injury for which you sought compensation.

2. When was the claim filed? Date

-

Month Year

3. What was the result of the claim? ☐ Claim Paid ☐ Claim Denied ☐ Pending ☐ Other (please describe)

# **PART V: Questions Applicable To Persons Who Were Employed As Commercial Installers or Removers of Zonolite Attic Insulation**

*This section should be completed by claimants who allege significant exposure to Zonolite Attic Insulation as a result of installing or removing that product in residences while employed by insulation contractors or construction businesses.*

Have you ever personally installed or removed Zonolite Attic Insulation as an employee of a commercial insulation business or other construction business?

☐ Yes ☐ No

If yes, answer the questions in this Part:

During what time period(s) did you install or remove Zonolite Attic Insulation?

From  
Month Year

To  
Month Year

From  
Month Year

To  
Month Year

From  
Month Year

To  
Month Year

List your employer(s) and job(s) and employment location(s) during each time period in which you installed or removed Zonolite Attic Insulation.

**1. Employment dates:**

From  
Month Year

To  
Month Year

**2. Occupation:**

description

**3. Employer's Name:**

**4. Employer's Address:**

Street Address

City

Country (if not U.S.)

State

/Province

Zip Code

/Postal Code

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:

Protective equipment used:

☐ %

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none

Continue on next page >>>

V. continued...

## 1. Employment dates:

From  -  To  -   
 Month Year Month Year

## 2. Occupation:

description

## 3. Employer's Name:

## 4. Employer's Address:

Street Address

City

State  
/ProvinceZip Code  
/Postal Code

Country (if not U.S.)

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:

Protective equipment used:

 %

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none

## 1. Employment dates:

From  -  To  -   
 Month Year Month Year

## 2. Occupation:

description

## 3. Employer's Name:

## 4. Employer's Address:

Street Address

City

State  
/ProvinceZip Code  
/Postal Code

Country (if not U.S.)

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:

Protective equipment used:

 %

☐ respirator ☐ face mask ☐ special clothing ☐ other protective equipment ☐ none







☒ Yes ☐ No

If yes, list the time period of that household exposure:

From

To

Month      Year

**List the name of the occupationally exposed household member:**

[illegible][illegible][illegible]

*First Name*

*Middle Name*

*Last Name*

List his or her occupation, employer and employment location, and describe how that person brought asbestos from the workplace into your household:

### Occupation

[illegible]

**Employer**

[illegible]

## Employment

**location**

[illegible]

## How it was brought home

## PART VII: SIGNATURE

**All claims must be signed by the claimant or the person filing on his/her behalf (such as the personal representative or attorney).**

I have reviewed the information submitted on this proof of claim form and all documents submitted in support of my claim. To the best of my knowledge, the information is accurate and complete.

SIGNATURE OF CLAIMANT

**SIGNATURE OF CLAIMANT,  
REPRESENTATIVE, OR ATTORNEY**

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*Month*      *Day*      *Year*

**Name of Signatory, if not the claimant**

[illegible]

### Relationship of Signatory to Claimant

[illegible]

IF THE SIGNATURE IS NOT THAT OF THE CLAIMANT,  
PLEASE PRINT THE NAME OF THE SIGNATORY ABOVE AND INDICATE THE  
RELATIONSHIP TO THE CLAIMANT

## THE PENALTY FOR SUBMITTING A FRAUDULENT CLAIM

**IS A FINE OF UP TO \$500,000 OR  
IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH. 18 U.S.C. §§ 152, 3571**